

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31820

State File No. \_\_\_\_\_

OCT 13 1943

Registration District No. 152

Primary Registration District No. 3028

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Stone Memorial---two days  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME John.W.Buzzard

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Effie Buzzard 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 14th, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 21 hr. min.

9. Birthplace Barton CO, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Buzzard  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Evans  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Effie Buzzard  
(b) Address Golden City, MO.

17. (a) Burial (b) Date thereof 9-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waters Cemetery

18. (a) Signature of funeral director River Funeral Home  
(b) Address Lamar, MO.

19. (a) Sept 8 '43 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 006  
(c) City or town Golden City R.F.D. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 4th to Sept 5th, 1943  
that I last saw him alive on Sept 5th, 1943  
and that death occurred on the date and hour stated above, 1943

Immediate cause of death Acute dilatation of heart Duration 1 hr.

Due to Perforation of liver 2 yrs

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 124 lb

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Albert B. Wheeler (M. D. or other) DO  
Address Carthage Mo. Date signed Sept 8 '43

43-9-834

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*R. W. River*

Licensed Embalmer No.....

*3141*

P. O. Address.....

*Lamar Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**